

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/031462	FILING DATE
APPLICANT(S)		

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13	1				
14					
15					
16					
17					
18					
19					
20					
21					
22	1				
23					
24					
25					
26					
27	1				
28					
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33					
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35					
36					
37					
38					
39					
40					
41	1				
42					
43					
44					
45	1				
46	1				
47					
48					
49					
50					
TOTAL ID.					
TOTAL DEP.					
TOTAL CLAIMS					

*		*		*
IND.	DEP.	IND.	DEP.	IND.
51				
52				
53				
54				
55				
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95				
96				
97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE